

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/583397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2		/	/	/				52					
3		/	/	/				53					
4		/	/	/				54					
5		/	/	/				55					
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44								94					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	1	↓								
TOTAL DEP.			←	12	←								
TOTAL CLAIMS				13									